	PATENT	APPLICATI Effec	ON FEE tive Dece			TON REC	ORI			5	70	1569	
/	_	CLAIMS A		S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIM						RATE	FEE	7	RATE	FEE		
F	OR .	NUMBER FILED		NUM	BER EXTRA		BASIC FI		OF				
Ti	OTAL CHARGE	go n	ninus 20=	•			X\$ 25:		4				
IN	DEPENDENT (		ninus 3 =	•			X100=		OF	<b></b>	<del> </del>		
М	JLTIPLE DEPE	NDENT CLAIM	RESENT			П		×100=		OR	A-40-	-	
* If the difference is entired 4 in the				the course of the column of				+180=		OR	+360=		
* If the difference in column 1 is less than zero, enter *0						column 2		TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL	. ENTITY	OR		R THAN ENTITY	
A		CLAIMS		HIGH	ST		1		ADDI-	7		ADDI-	
AMENDMENT /		REMAINING AFTER AMENDMENT		PAID F	USLY	PRESENT EXTRA		RATE	TIONAL	-	RATE	TIONA!_ FEE	
	Total	. 17	Minus	-2	Ö			X\$ 25=		OR	X\$50=		
	Independent	: 3	Minus	··· 3		=		X100=	+	OR	X200=		
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		ŀ	****	<del> </del>	1		ļ	
				•			Ĺ	+180=	ļ	OR	+360=		
					•		A	DDIT. FEE		OR	ADDIT. FEE	L	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)  I CLAIMS		(Colum		(Column 3)	_			<b>,</b>			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	** ,		=		X\$ 25=		OR	X\$50=		
	Independent	•	Minus	•••		=	T	X100=		OR	X200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+,180=		OR	+360=		
				•			۸۲	TOTAL ODIT. FEE		OR,	TOTAL ODIT. FEE		
		(Column 1)		. (Columi	1 2)	(Column 3)	~	))(1. FCE			ODII. FEE		
CLUT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	•	Minus	##		=	1	X\$ 25=	FEE		X\$50=	FEE	
ME.	Independent	*	Minus	***		=	-			OR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X100=		OR	X200=		
• H1	the entry in colur	nn 1 is less than th	entry in coh	ma2 write Ƴ	)° in cob	rinn 3	L	180=		OR	+360=		
H	the "Highest Nur the "Highest Nur	nber Previously Pa	d For IN THI	S SPACE IS N	ess than	20. enter "20."	AD	DIT. FEE		OR A	TOTAL DOIT. FEE		

FORM PTO-875 (Rev. 10/04)

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